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ABSTRACT

The purpose of this Child Development Associate (CDA) training module, one of a series of 18, is to provide information for the CDA intern on the health needs of children, ways to teach health care habits, and characteristics of a sanitary environment. The module stipulates competency-based objectives and provides essential information, suggestions, and examples on topics related to the objectives. These topics are teachers' responsibility for health care; teaching health care habits to young children; sanitation; and activity development. Instructions for 15 learning activities for interns are provided. Also included is a partially annotated list of books, pamphlets, films, tapes, periodicals, resource organizations and children's books concerning health care. (SS)

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The Child Development Associate Pilot Project, funded by the U. S. Department of Health, Education and Welfare, Region VI, Office of Child Development, was awarded to Eastern Oklahoma State College in the fall of 1973, where during the next two years, draft materials for competency-based training was developed. In the fall of 1975, Oscar Rose Junior College was contracted to review and revise the materials for publication. The following individuals have provided the expertise and assistance for completion of the Oklahoma Child Development Associate curriculum materials.

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TABLE OF CONTENTS

Chapter	Title	Page
I	Introduction Rationale Objectives	1
II	Definitions of Terms	3
III	Self-Evaluation	4
IV	Teachers' Responsibility for Health Care	5
V	Teaching Health Care Habits to Young Children	17
VI	Sanitation	22
VII	Activity Development	31
VIII	Learning Activities	35
IX	Supplemental Materials	65

CHAPTER I

INTRODUCTION

RATIONALE

Protection of the health and safety of children is essential to their total growth and development. Thus, child care personnel must not only provide an environment conducive to positive health and safety practices, but also develop positive habits of health and safety in each child served. A major part of the child development center's curriculum requires the teacher to provide experiences which promote positive health and safety practices in each child in the center.

Teachers in the child development center should be committed to the development of the whole child. They must have the ability to recognize symptoms of illness and injury, to provide appropriate treatment of illness or injury until the child leaves the center, and to recognize and correct safety hazards in and around the center.

Record keeping, as a part of this total health and safety program, is another essential aspect of care. Accurate and up-to-date records enable the center personnel to better meet the needs of the children and their families.

Accomplishment of the objectives in this area will foster the individual's development of the following competencies as defined by the Child Development Associate Consortium:

Competencies:

I. Establishes and maintains a safe and healthy learning environment.

II. Advances physical and intellectual competence.

OBJECTIVES

Upon completion of this area the trainee will be able to:

1. Create a healthful learning environment for children.

2. Teach and encourage positive health practices in young children.

3. Recognize symptoms of disease and infection in children and demonstrate the ability to care for an ill child in the group situation.

4. Name the immunizations that are required for children and state when these should be given.

5. Name the optional immunizations for children and the conditions under which they are needed.

6. Demonstrate an understanding of communicable diseases by protecting the group from ill child and preventing the spread of disease and infection.

7. Receive and record necessary health information about each child.

8. Demonstrate the importance of health to a child's development through systematic reporting of health information to parents.

9. Demonstrate the ability to provide emergency treatment for accidents, illness, and injury in the child development center.

CHAPTER II

DEFINITIONS OF TERMS

1. Caries---Cavities in the teeth or decay of teeth.

2. Communicable disease---A disease that can be spread from one person to another.

3. Deciduous teeth---First set of teeth.

4. Egocentrism---The way children view the world during the preoperational stage when they only see things from their own perspective.

5. Environment---The total surroundings in which we live, including all people and all things.

6. Health---A state of physical, mental, and social well being and not merely the absence of disease or infirmity.

7. Health Records---Records signed by a physician which assess the physical health of the child and give evidence of a negative TB test.

8. Hyperactive Child Syndrome---A child who exhibits a number of behavioral characteristics including impulsivity, restlessness, inability to concentrate, a high activity level, and inability to remain content.

9. Immunization---Active immunity to a disease that is produced by a vaccine which creates antibodies.

10. Immunization Record---Record signed by a physician or local health authority showing that the child has been properly immunized.

11. Incubation period---The amount of time that lapses from the exposure to a disease until its symptoms appear.

12. Negligence---Failure to exercise the care that the circumstances require.

13. Permanent teeth---Second set of teeth.

CHAPTER III

SELF-EVALUATION

To determine your competence in this area, read through the rationale and objectives in Chapter I and check those which you can perform successfully. This will provide an indication of your strengths and weaknesses.

Discuss this evaluation with the trainer/supervisor to determine the classroom and field experiences that will enable you to demonstrate competence in each objective.

If your self-evaluation and interview indicate that you can demonstrate competence in each objective, request an advanced-standing examination from your trainer.

CHAPTER IV

TEACHER' RESPONSIBILITY FOR HEALTH CARE

RATIONALE

The area of young children's health care needs is of special concern because it is known that children in poor health will function on a lower level than well children, regardless of the quality of the program in which they are involved. However, the effective use of an adequate environment benefits young children greatly in meeting the criteria for good health. . . "a state of physical, mental, and social well-being. . ." Many factors are involved in accomplishing this, including the health components of the following: school personnel, emotional tone of the situation, physical facilities, center facilities, center policies, and program.

ESSENTIAL CONTENT INFORMATION

I. Health Status of Children.

The health status of children is of special concern because it plays a vital role in their total functioning within the preschool program, as well as in their present and future development.

A. Characteristics of Healthy Children:

1. Sleep soundly.
2. Eat without much coaxing.
3. Gain steadily in height and weight over the months.
4. Have teeth which are in good condition.
5. Experience few aches and pains.
6. Enjoy both individual and group activities.
7. Enjoy both quiet and active play.

8. Are curious and eager to learn.

9. Exhibit developmental progress which follows an appropriate pattern.

B. Symptoms of Illness:

1. Flushed face.

2. "Watery" or "glassy" appearance of eyes.

3. Discharge from eyes, nose, or ears.

4. Unexpected profuse sweating.

5. Pallor.

6. Blueness of lips or fingernails.

7. Rash, "bumps" or other skin manifestations.

8. Swollen glands of neck and throat; sore throat.

9. Body temperature about 99 degrees F or above.

10. Red or swollen throat.

11. Pain in ear, head, chest, stomach, abdomen, or joints.

12. Nausea, vomiting, or diarrhea.

13. Spots in the mouth or throat.

14. Excessive coughing or sneezing.

C. Some Characteristics of Unhealthy Children:

1. Do not grow at a steady rate appropriate to developmental levels.

2. Display apathetic behavior and a lack of initiative.

3. Are chronically drowsy, fatigued, and unable to concentrate.

4. Have a low frustration level and display disruptive behavior.

5. Have dull, broken, and dirty hair.

6. May be underweight or overweight.

7. Have poor posture and flabby muscles.

8. Have finicky, poor appetites and poor digestion.

II. Health Status of Personnel.

School personnel includes all persons who have any part in the preschool program. Their responsibilities include maintaining and utilizing a healthful environment as well as good personal health.

A. Physical Health Policies:

1. All staff must have physical examinations prior to beginning work to check for the presence of any communicable disease and should obtain a health certificate from their county health department or personal physician.

2. All staff must have annual physical examinations to assess their health status.

3. All staff must present evidence of negative TB tests.

4. Physical health records for all staff should be kept on file and easily accessible.

5. When ill, a staff member should not be in the center. This person might spread disease to others and will also exhibit below-normal efficiency.

B. Characteristics of Healthy Personnel:

1. Healthy personnel exhibit characteristics of good physical health including:

   a. Energy

   b. Vigor

   c. Alertness

   d. Activity

2. Healthy personnel exhibit characteristics of good mental health including:

   a. Show patience and understanding to others.

   b. Display enthusiasm and joy as teachers.

   c. Feel pride and accomplishment in a job well done.

   d. Can admit making mistakes.

   e. Recognize when they need help and seek it from others.

   f. Feel self-confident about their personal worth and their abilities.

III. Maintaining a Healthful Physical Environment.

A. Physical Facilities:

1. Rest equipment:

   a. Includes individual cots, blankets, and sheets in all centers for children remaining more than five consecutive hours.

b. Linen should be laundered daily.

c. Cots should be placed 3 ft. apart so children's faces will not be too close together.

d. Drawn shades and quiet music facilitate rest.

2. Eating and drinking equipment.

a. Drinking fountains low enough for children to reach.

b. Clean individual drinking cups and eating equipment provided.

c. Water supply must meet standards set by the State Health Department.

3. Lockers.

a. Individual lockers help children learn to care for clothing and supplies.

b. Individual lockers help to control the spread of communicable diseases.

4. Temperature, Ventilation, and Lighting.

a. There should be an adequate amount of light.

b. Children should not read or look at books in direct sunlight.

c. Temperature should be kept at a constant level of 68-72 degrees.

d. Electric outlets are needed every 10-12 feet. They should be covered and above children's reach.

e. Draft free cross ventilation of air is desirable.

f. Drafts should be located and stopped.

g. Windows should be screened in such a way that children cannot remove screens.

5. Play equipment and play areas.

a. All play materials in the center should have washable, non-toxic paint.

b. All play equipment should be regularly checked for safety hazards such as splinters, loose parts, protruding nails, unsteady ladders, etc.

c. A minimum of 35 sq. ft. per child indoor play space is essential.

d. 75-200 sq. ft. of outdoor play space should be provided for each child under seven.

6. Sanitary facilities.

a. The washroom area should be well ventilated with an exhaust fan and outside window.

b. Toilet fixtures from 10-13 inches from the floor are desirable.

c. Lavatories 23-24 inches from the floor are desirable.

d. Sinks should be equipped with automatic tepid water---not hot water.

e. Hand-washing and toileting facilities should be scrubbed and disinfected daily.

f. At least one toilet and one sink for every ten children are necessary.

B. Child Care Center Policies.

Certain health policies should be established and enforced by the child care center in order to facilitate a physically healthful environment. These should be discussed with all parents at the time of their child's enrollment. Parents should also receive a printed statement of health care policies and requirements.

1. Situations when children should be kept at home:

   a. When they are in the first three days of a cold.

   b. Have elevations of temperature.

   c. Have unidentified rashes.

   d. Have had upset stomaches within the past twenty-four hours.

   e. Have sore throats or discharge from the eyes and/or ears.

   f. Are in the incubation period of a contagious disease.

2. Care of children who become sick at school:

   a. At the first sign of illness, immediately isolate these children.

   b. Take and record temperature at the first sign of illness.

   c. A special room or area should be set up for children who become sick, allowing them to be as comfortable as possible.

   d. Call the parents or guardians to pick the children up from the center.

   e. Feed the children liquids, such as fruit juice, broth, and water, frequently.

f. Give them no medication unless prescribed by a physician.

g. Call their physicians in an emergency situation.

3. Daily checks of children.

An imformal daily check should be made of each child as the children enter the center, for signs of illness or poor health. Appropriate measures should be taken when these are present.

4. Communicable diseases.

Usually it is wise to follow the policies of the local health authority regarding communicable disease; however, policies regarding communicable diseases should cover the following points:

a. Procedure to follow when the staff or a child has been exposed.

b. Length of time to stay out of school when a communicable disease has been contracted.

c. On what authority the individual is to be readmitted the center.

Note: Child care staff should be familiarized with the symptoms of a communicable disease and the appropriate measures to take.

5. Maintenance of health records.

Certain records must be kept on file in the center to give evidence of each child's health and immunization status; other records are recommended.

a. An up-to-date health record, including a TB test, signed by a physician or from the local health authority stating that the child is in good health must be on file.

b. An immunization record signed by a physician or local health authority showing that the child has been properly immunized, must be kept on file.

c. An emergency information record must be on file, which gives information on where parents can be reached at all times. A party to call when parents cannot be reached, the telephone number of child's physician, the telephone number of a hospital and written permission to take child to the hospital in an emergency.

IV. Maintenance of Emergency Health Care Services System.

A. A system must be organized in order to take care of emergency health care situations which might arise.

1. An emergency information card is kept for each child listing information needed.

2. A comprehensive listing of emergency telephone numbers is permanently posted at each telephone:

a. Emergency telephone number of each hospital in the area.

b. Telephone number of the local poison center.

c. Procedures for securing ambulance services.

d. Telephone numbers of police and fire stations.

3. Arrangements should be preplanned for emergency medical care with a hospital emergency room or other health clinic, which is always staffed.

4. Each staff member must comprehend the appropriate action to take when an emergency arises in the center, e.g.; when a staff member accompanies a child to emergency care, that staff member must remain there until the parent comes to take responsibility for the child.

CENTER _____ DATE _____

INFANT AND PRESCHOOL HEALTH RECORD

NAME LAST FIRST MIDDLE	SEX ☐ M ☐ F BIRTHDATE PHONE
ADDRESS	FATHER'S NAME LAST FIRST MIDDLE AGE
CITY STATE ZIP	MOTHER'S NAME LAST FIRST MIDDLE AGE
FATHER'S OCCUPATION	FAMILY PHYSICIAN PHONE
CHILD LIVES WITH	CHIEF CARE BY (SPECIFY) REFERRED BY

FAMILY HISTORY — NOTE: DIABETES, ALLERGIES, CONVULSIONS, RHEUMATIC FEVER, MENTAL ILLNESS, BLEEDING DISEASES OR ANEMIA, TUBERCULOSIS, SYPHILIS, ETC. GIVE DATES AND FAMILY RELATIONSHIP.

PRENATAL AND NEONATAL HISTORY

MONTH PRENATAL CARE BEGAN — NO. PRENATAL VISITS: — BORN AT MO.

MOTHER'S HEALTH DURING PREGNANCY

DIFFICULTIES IN LABOR AND DELIVERY

BIRTH WEIGHT LB OZ

CONDITION OF CHILD AT BIRTH (NOTE CYANOSIS, CONVULSIONS, JAUNDICE, BLEEDING, INJURIES, ETC.)

MEDICAL HISTORY (Enter Age and Type)

HANDICAPPING CONDITIONS (CONGENITAL OR ACQUIRED)

OPERATIONS

ALLERGY

TONSILLITIS (FREQUENCY) OTITIS (FREQUENCY)

ACCIDENTS

KEEP CURRENT ON PROGRESS NOTES

CONTAGIOUS DISEASES

DISEASES	DATE	DISEASES	DATE

FEEDING HISTORY

BREAST FED UNTIL (AGE) MOS. — BOTTLE FED FROM (AGE) — WEANED AT AGE

AGE SOLID FOODS BEGAN — VITAMINS

PRESENT DIET

IMMUNIZATIONS AND TESTS

PRIMARY

	DATE	DATE	DATE	DATE
DPT				
DT				
POLIO (TRIVALENT)				
MEASLES				
GERMAN MEASLES				
OTHER				

BOOSTERS

	DATE	DATE	DATE
DPT			
DT			
POLIO (TRIVALENT)			
OTHER			

	DATE	RESULT	DATE	RESULT
SMALLPOX				
TUBERCULIN TEST	DATE	RESULT	DATE	RESULT
	DATE	RESULT	DATE	RESULT
HEMOGLOBIN	DATE	RESULT	DATE	RESULT
P.K.U.	DATE	RESULT	DATE	RESULT

REQUEST FOR IMMUNIZATION: I HEREBY REQUEST MY CHILD BE GIVEN ANY OR ALL OF THE IMMUNIZATIONS, VACCINATIONS OR TESTS DEEMED NECESSARY BY THE PHYSICIAN.

DATE _____ SIGNED _____ RELATIONSHIP _____

How to Operate Your Day Care Program, Wyomissing, PA: Ryan Jones Assoc., Inc., 1970.

INTAKE MEDICAL HISTORY: NUMBER OF KNOWN, MAJOR MEDICAL CONDITIONS

MEDICAL CONDITION:	Total For Mo.	Total For Yr.	MEDICAL CONDITION:	Total For Mo.	Total For Yr.	MEDICAL CONDITION:	Total For Mo.	Total For Yr.
Eye			Gastrointestinal			Neurological		
ENT			Genitourinary			Hematological		
Respiratory			Orthopedic			Emotional		
Cardiac			Skin			Other		

Total: _____

CHILD'S DENTAL RECORD

Name of Child Last First Middle					Age Nearest Birthday	
Home Address						Sex M F
The Above Information Should Be Filled In Before The Examination Or Screening						
	Recommendations For Preventive Services (Complete Referral Record Below)					
Date	Prophylaxis	Topical F Application	Toothbrush Instruction	Nutrition Counseling	Space Maintainer	Remarks

How to Operate Your Day Care Program, Wyomissing, PA: Ryan Jones Assoc., Inc., 1970.

DEVELOPMENT AND ANTICIPATORY GUIDANCE

EXPECTED AGE	DEVELOPMENT	AGE ATTAINED	ANTICIPATORY GUIDANCE
1 THRU 3 MONTHS	STRONG GRASP REFLEX		CONSISTENCY IN LOVE AND CARE
	HOLDS CHIN UP FROM PRONE POSITION		CHARACTERISTICS—SPITTING UP, SNEEZING, CRYING, INDIVIDUAL DIFFERENCES
	EYES FOLLOW MOVING OBJECTS		
	HOLDS HEAD ERECT		FIRST SOLID FOODS
4 THRU 6 MONTHS	REACHES FOR A RATTLE		SAFETY—FALLING, PUTTING OBJECTS IN MOUTH
	FIRST TOOTH ERUPTS		EARLY WEIGHT BEARING (BOW LEGS)
	ROLLS OVER		TEETHING
	SITS ALONE		PERIODS OF STRANGENESS
9 THRU 12 MONTHS	CREEPS AND PULLS SELF TO FEET		CHOPPED FOODS, WEANED TO CUP, SELF FEEDING
	WALKS WITH SUPPORT		DECREASED APPETITE, SLOWER WEIGHT GAIN
	PLAYS "PAT-A-CAKE"		SLEEPING PROBLEMS
13 THRU 18 MONTHS	ATTEMPTS SELF FEEDING		DECREASED NAP PERIODS
	STANDS AND WALKS ALONE		SAFETY—POISONS, PICA (PAINT), BURNS, FALLS
	NAMES OBJECTS—FAMILIAR PICTURES		PHYSIOLOGICAL ANOREXIA
	ANTERIOR FONTANEL CLOSES		PHYSICAL AND VERBAL RESTRAINT
	HURLS OBJECTS IN PLAY OR ANGER		BOWEL AND BLADDER CONTROL
18 THRU 24 MONTHS	USES SHORT SENTENCES		NEGATIVISM, ENCOURAGE INDEPENDENCE
	OBEYS SIMPLE COMMANDS		HELP WITH SPEECH (TEMPORARY STAMMERING)
	CLIMBS ON FURNITURE—JUMPS		USE OF TOOTHBRUSH
	DEVELOPS BOWEL CONTROL		SAFETY—ELECTRIC OUTLETS, STOVES, FIRE
2ND AND 3RD YEARS	16-20 TEETH ERUPTED		ADULT IMITATION
	ASKS MANY QUESTIONS (WHY STAGE)		BEDTIME RITUALS AND FEARS
	DAY AND NIGHT BLADDER CONTROL		INTRODUCTION TO DENTIST
	DRESSES SELF WITH HELP		CONFORMITY AND COOPERATIVE PLAY
4TH AND 5TH YEARS	KNOWS FULL NAME AND ADDRESS		EMOTIONAL STORMS
	WALKS DOWNSTAIRS ALTERNATING FEET		NEED FOR PARENTAL LOVE AND UNDERSTANDING
	RUNS ERRANDS IN NEIGHBORHOOD		SAFETY—TRAFFIC, DOG BITES
	TIES SHOE LACES		SCHOOL READINESS

PHYSICAL EXAMINATION: RECORD INITIAL EXAMINATION AND MONTHLY 1ST 6 MONTHS; BIMONTHLY 2ND 6 MONTHS; EVERY 3 MONTHS 2ND YEAR; EVERY 6 MONTHS 2-5 YEARS

DATE	AGE IN MONTHS	HEIGHT	WEIGHT	HEAD CIRC.	GENERAL APPEARANCE	SKIN	GLANDS	EYES	EARS	MOUTH TEETH	NASO-PHARYNX	HEART	CHEST LUNGS	ABDOMEN	GENITALIA	SKELETAL	FEET	NEURO-LOGICAL

Code: X needs attention ? Referred for care

How to Operate Your Day Care Program, Wyomissing, PA: Ryan Jones Assoc., Inc., 1970.

CHAPTER V

TEACHING HEALTH CARE HABITS TO YOUNG CHILDREN

RATIONALE

Concerning health care, learning should come to a great extent from taking advantage of "teachable moments" that occur naturally throughout the day. This does not mean, however, that planning in this area is unnecessary. Planning helps to assure that all relevant aspects have been covered, that children are progressing toward stated goals, and that additional needed activities can be included.

Young children are egocentric beings. Therefore, teaching health care practices is best accomplished when it is directly related to their own experiences and activities. Children also learn to a great extent through imitation, so the child will learn good health habits best in an environment where the principles which are taught are also practiced.

ESSENTIAL CONTENT INFORMATION

I. Strategies for Teaching Health to Young Children.

Young children are highly egocentric; therefore, the teaching of health habits should be closely related to their personal activities. Any opportunity that naturally arises should be taken for teaching health care practices. However, this area should also be planned as a part of the total curriculum.

A. Teaching should be done in connection with daily activities and routines:

1. Be aware of your own health habits because young children learn by copying the behavior of adults.

2. Take advantage of the "teachable moment" since this is when the most meaningful learning often occurs.

3. Build on the spontaneous experiences of children during the daily routine which relate to good health practices.

B. Teaching of health care practices should be a planned program component:

1. Specific aspects of health care practices may need to be introduced which do not occur spontaneously.

2. Sequential planning of a health care unit can be done which is appropriate to the developmental level of the children.

3. Special resources can be planned for to enhance the effectiveness of teaching a particular concept.

4. Reviewing of progress can be done at regular intervals in order to plan for additional needed activities.

II. Areas to Include in Health Care Teaching.

The health care practices introduced to children are those that affect their state of health and over which they can exert some influence or control. The information presented to them should be appropriate for and compatible with their levels of development.

A. Body structure and function:

1. The five senses allow people to learn about their world.

2. The body grows in height and weight.

3. The body moves through the use of the skeleton and muscles.

4. Children grow at differing rates.

B. Need for exercise, rest, and sleep:

1. Growing children need adequate amounts of sleep.

2. The body needs sunshine in order to be healthy.

3. Children need rest at certain times in order to stay healthy.

4. All people need exercise in order to be healthy.

C. Sanitary health practices:

1. Hands should be washed before eating, after toileting, and after outdoor play.

2. All items should be kept out of the eyes, ears, nose, and mouth.

3. Toilet facilities should be used in the appropriate way.

4. Tissues or handkerchiefs should be used in the appropriate way.

5. One does not eat or drink from another's utensils.

6. There is a correct way to drink from a fountain.

D. Dental health practices:

1. Teeth should be brushed in the correct way.

2. The dentist is a community worker who helps us have healthy teeth and gums.

3. Teeth need to be brushed regularly.

E. Nutrition:

1. Good food is necessary to the body's growth and development.

2. Different kinds of foods are necessary for good health.

3. Good nutrition affects the proper functioning of our bodies.

4. Food comes from many different types of plants and animals.

F. Poisons:

1. Some plants, leaves, and berries are poisonous; those which grow wild should never be put in the mouth.

2. Medicine is never to be taken unless given by the adult in charge.

3. Some substances used for cleaning and other things are poisonous when swallowed.

G. Environment and community health:

1. Doctors and nurses are workers who help us to stay healthy.

2. Hospitals and clinics are necessary to help care for people when they are ill.

3. Medical treatment is sometimes painful but necessary.

4. Children can help in keeping the community clean.

III. Methods and Materials for Use in Teaching Health Care.

There are many resources for use in teaching health care to young children. This is an area in which various community resources are of particular value in complementing the use of materials common to the preschool.

A. Field trips:

1. To a health clinic.

2. Dentist's office.

3. Truck farm.

4. Dairy farm.

5. Supermarket.

6. Y.M.C.A.

7. Public park.

B. Dramatic play:

1. Dramatizing medical care.

2. Dental care.

3. Food preparation and mealtime.

C. Bulletin board pictures.

D. Actual experiences:

1. Teeth brushing.

2. Tissue disposal.

3. Hand washing.

4. Grocery shopping.

5. Seed planting.

E. Community volunteers:

1. Medical staff.

2. Physical education staff.

3. Poison information personnel.

4. Emergency health service staff.

F. Books and flannel board stories.

CHAPTER VI

SANITATION

RATIONALE

Nutrition and sanitation must go hand in hand. Just as it is important to provide nutritious meals and snacks to children, it is equally important that the food be free from harmful substances, whether visible or invisible, that may cause illness. Since teachers and aides in child care centers work so closely with those who prepare the meals and snacks, it is necessary for them to understand the importance of sanitation and the basic essentials for operating a safe food service.

ESSENTIAL CONTENT INFORMATION

I. Sanitation Needs:

A. Maintaining cleanliness.

1. Clean employees.

2. Clean food.

3. Clean dishes.

4. Clean kitchen, storage, and dining areas.

B. Keeping things free of dirt and bacteria.

C. Protecting the health of the children and the teachers.

D. Reducing the possibility of contaminating food.

II. Kinds of Bacteria:

A. Useful bacteria.

1. Are useful and necessary.

2. Help to make cheese, vinegar, yogurt, cultured buttermilk, and sauerkraut.

B. Non-disease causing bacteria.

1. Will not cause illness.

2. May destroy the quality of a product. Example: When milk sours.

C. Disease-causing bacteria.

1. Responsible for food-borne illnesses.

2. Cause illness or death.

III. How Bacteria Grow:

A. Cell division. (Under the proper conditions, one cell multiplies and produces two; these produce four, and so on.)

B. Rapid growth. (After twenty-four hours, one bacteria cell can produce as many as 281,000,000,000,000 new bacteria cells.)

C. Conditions necessary for bacterial growth.

1. Food.

a. Unsanitary conditions often provide food for bacteria.

b. Bacteria grows in foods which are high in protein, nonacid foods, and those containing milk and eggs.

2. Moisture.

a. Bacteria need moisture to absorb food through their cell walls.

b. Moisture helps bacteria grow and reproduce.

3. Moderate temperature.

a. Most bacteria grow rapidly if the temperature is between $40^{\circ}F$ and $140^{\circ}F$.

b. Temperatures below $40^{\circ}F$ will stop the growth of disease causing bacteria.

c. Temperatures above $140^{\circ}F$ will kill most bacteria.

D. Time.

Bacteria need time to grow, multiply, and produce toxins.

IV. Causes of Food-Borne Illnesses:

A. Bacterial.

1. Presence of harmful bacteria.

2. Presence of toxins or poisonous wastes produced by bacteria.

B. Chemical.

Careless use of fly sprays, insecticides, and other similar poisons.

V. Types of Bacteria that Most Often Cause Food-Borne Illnesses:

A. Salmonella.

1. Sources.

a. Raw eggs and poultry are the greatest sources.

b. Raw meat and meat products.

c. Raw fish.

d. Raw milk.

2. Control measures.

a. Wash eggs and some meats before cooking, not before storage.

b. Cook meats, poultry, fish, eggs, and egg products thoroughly to an internal temperature of 170°F or more.

c. Sanitize work area and wash hands thoroughly after handling foods.

d. Keep these foods refrigerated at 40°F or less until cooked or served.

B. Staphylococcus.

1. Sources.

a. Raw meats.

b. Skin, cuts, sores, boils, noses, and throats of humans.

2. Control measures.

a. Thoroughly cook meats to an internal temperature of 170°F or more. (Use a meat thermometer.)

b. Keep meats refrigerated at 40°F or less until cooked.

c. Be sure workers are clean and healthy.

C. Clostridium Botulinum---Botulism.

1. Sources.

a. Meats and low acid foods which are improperly canned, but are sealed.

2. Control measures.

a. Boil canned low-acid foods for 10-20 minutes. The time required depends on the kind of food. This will destroy only the toxins, not the bacteria themselves.

b. Purchase canned foods from approved sources only.

c. Never serve food from a bulgin or dented can.

d. The toxins produced by botulism bacteria are fatal in two-thirds of the cases.

e. Botulinum grow only in absence of air.

D. Clostridia Perfringens.

1. Sources.

a. Soups, gravies, or stews that have been kept lukewarm in deep containers for several hours.

b. Leftover foods.

2. Control measures.

a. Keep soups, gravies, or stews hot (140°F or higher) until they are to be served.

b. Never allow foods to stand at room temperature.

c. Foods should either be served immediately or refrigerated in containers which allow quick and thorough chilling.

VI. How Bacteria Travel.

Harmful bacteria exist all around us, but they must have some way of traveling and getting into our food before they can grow and multiply and cause food-borne illnesses.

A. People.

1. Cuts, sores, or boils.

2. Coughing or sneezing on food or utensils.

3. Handling utensils or food with soiled hands.

4. Handling food after touching the hair, face, feet, or ankles or after handling money.

5. Handling food after going to the bathroom and then not washing hands.

B. Air.

Air-borne bacteria may contaminate dishes, cups, bowls, glasses, silverware, and foods which are not properly stored.

C. Flies, insects, and rodents.

D. Dirt on raw fruits and vegetables.

E. Raw meats, poultry, poultry products, and fish.

VII. Preventing the Spread and Growth of Harmful Bacteria:

Although there are a number of specific procedures which should be followed in preventing the spread and growth of bacteria, there are six basic essentials. If any of these are missing, no food service operation can be entirely safe.

A. Clean workers.

1. Bathe daily.

2. Wear clean clothes.

3. Keep hair clean, neat, and under control with a hair net.

4. Wash hands thoroughly with soap and water.

   a. Before starting work.

   b. After using the toilet.

   c. After coughing, sneezing, or blowing nose.

   d. After touching hair or face.

   e. After handling money.

   f. After handling objects that have been in the mouth, such as toothpicks, cigarettes, and lipstick.

   g. After handling garbage.

   h. After mopping spills from the floor.

   i. After handling raw foods, especially poultry, meat, and fish.

B. Healthy workers.

1. Food workers must be in good health.

2. They must meet the same health standards required of other food service workers in the community.

3. They must stay away from work when they have a cold, sore throat, or any communicable disease.

4. They must stay away from work if they have any open sores, boils, or an infected cut.

C. Clean facilities and equipment.

1. Regular schedule for cleaning the kitchen and storage areas, as well as the equipment used to store, prepare, and serve food.

2. However, some must be done daily, and some weekly.

D. Clean service.

1. Sanitize utensils for cooking, serving, eating, and drinking as required by the health department.

2. Carefully store and handle utensils. Even if properly santized, utensils can become contaminated if not properly stored and handled.

E. Clean food.

Protect food during storage, preparation, and service from contamination by coughs, sneezes, handling, dirty equipment, insects, rodents, and waste.

F. Proper temperatures.

Remember that bacteria grow and multiply at temperatures between $40^{\circ}F$ and $140^{\circ}F$ and are killed when heated above $170^{\circ}F$.

1. Foods prepared ahead of time should be refrigerated until it is time to serve them.

2. Cold foods should be kept at 40° or less until they are served.

3. Hot foods should be kept at 140° or more until served.

4. Meats, poultry, eggs, and large quantities of food should be cooked so that the temperature in the center of the mass reaches 170° or more without interruption.

C. Storage of food.

1. Cover all foods in storage so they cannot be contaminated by air, drip, or hands.

2. Do not store foods directly on the floor.

3. Use shallow containers for refrigerated food so it cools rapidly.

4. Place food containers in storage so air circulates all around them.

5. Do not store food in dirty containers.

CHAPTER VII

ACTIVITY DEVELOPMENT

RATIONALE

Activities for young children must be organized to be effective and require evaluation to determine their effectiveness. Through the use of an activity file card system the individual teacher can better organize his/her time to meet the individual needs of children.

When activity plans are written in a uniform fashion a volunteer, substitute, or aide can become familiar with what is being done. In addition, the file cards provide a useful reference for future teaching of young children.

ESSENTIAL CONTENT INFORMATION

I. Components of an Activity Card.

A. Curriculum Area: e.g., Science.

B. Topic: The theme or area of study, e.g., Plants.

C. Teacher Goal: The overall purpose of the learning activity.

D. Performance Objective: The behavior(s) that the child should be able to perform upon completion of the activity.

E. Materials: A listing of all the items needed for carrying out the activity.

F. Procedure: A sequential listing of all the steps involved in carrying out the activity.

G. Evaluation: A critique of the activity to see whether the performance objectives were accomplished. The evaluation would also include statements useful for future reference about how the activity could be improved, appropriateness to this group level, etc.

II. Setting Up the Activity Card File.

A. A Suggested Curriculum Division.

1. Art.
2. Body Skills.
3. Family.
4. Health.
5. Language.
6. Mathematics.
7. Music.
8. Nutrition.
9. Play.
10. Safety.
11. Science.
12. Self-Concept.
13. Social Science.

B. Procedures for Developing the Activity Card File.

1. Obtain a 5" x 8" file box and file cards.
2. Divide the file into your chosen curriculum divisions.
3. Develop learning activities for each curriculum division to carry out your yearly and weekly program plans.

III. Activity File Card.

Reduced Sample:

Curriculum Area
(Topic)

Teacher Goal:

Objective(s):

Materials:

Procedures:

Evaluation:

SAMPLE ACTIVITY FILE CARD - HEALTH

Curriculum Area

Health
Preventing Spread of Disease

Teacher Goal: Disease control through health practices.

Objective(s): Each child will be able to demonstrate the proper use ard disposal of a tissue when blowing his nose.

Materials: Box of tissue. Trash container.

Procedures: Discuss how we can prevent spread of disease, particularly through objects. Demonstrate use and disposal of tissue. Children demonstrate and discuss.

Evaluation: Very good. Only problem was that some children could not blow their nose. Do not let use of tissue become a game of just playing with tissue.

CHAPTER VIII

LEARNING ACTIVITIES

RESOURCE UNIT DEVELOPMENT

Develop a file of five (5) resource units for teaching various concepts of health care. These units should be written on 5" x 8" cards for use with the activity file cards which specify the information for teaching the concepts.

Each resource unit will include the "Resource Unit Card" and "Activity File Cards" for teaching the concept. (Use the standard "Resource Unit Card" and the standard "Activity File Card" developed for the CDA program.)

TO BE TURNED IN:

Duplicates of the five "Resource Unit Cards."

NOTE: Activity File Cards to teach the concepts listed on the "Resource Unit Cards" should be developed, but are not to be turned in as a part of this assignment.

RESOURCE UNIT CARD

(Reduced Sample)

Learning Center:			Curriculum Area:		
Concept	Books, Stories, Films	Poems, Finger-plays	Songs, Rhythms, Records	Dramatic Play Themes	Outdoor Activities

(Reverse Side)

Learning Center:			Curriculum Area:		
Concept	Art Activities	Field Trips	Cooking Experiences	Community Visitors	Other

HEALTH RESOURCES INVENTORY

Take an inventory of the materials that you presently have in your room that can be used in the child's learning of health concepts. Write down at least ten of these. Then do the following with each of the ten items:

1. State the health concept that a child could learn with that item.

2. Briefly describe the way in which the item could be used (by the teacher or the child) for learning that health concept.

The format for this assignment is illustrated on the following page.

TO BE TURNED IN:

Your completed inventory form.

Material to be Added	Concept to be Learned	How the Item Will be Used for Learning

RESOURCE INVENTORY ADDITIONS

Refer to Learning Activity #2: Health Resource Inventory. Think of other materials that could be added to expand your health center, and write these down on the attached form.

Select ten of these items, and write beside each the health concept that could be taught and the way the item could be used for learning the concept.

TO BE TURNED IN:

Your completed Inventory Additions Form.

Material	Concept to be Learned	How the Item Will be Used for Learning

Learning Activity #2
(Continued)

LEARNING CENTER - HEALTH CARE

Evaluate the learning center for health care in your classroom according to the criteria listed on the attached form. If the center is not currently being used, evaluate it when it is in operation.

To complete the assignment, refer to the qualities found in a good learning center and your resource inventory.

TO BE TURNED IN:

The completed evaluation form of the learning center.

OBSERVATION GUIDE FOR LEARNING CENTERS

I. Interest Centers (general)

A. List the interest centers you see.
B. Are they easily identified? How
C. Are the quiet centers separated away from the noisy areas?
D. Are they attractive and inviting?
E. Which has attracted the most children? Fewest?

II. Materials and Equipment

A. Is there a good variety?
B. Are materials available to the children?
C. Are they appropriate to the development needs of the children?

III. Pupil-Teacher Interaction

A. What is the pupil-teacher ratio?
B. Do the children behave well when the teacher is looking and badly when the teacher is not watching? Which ones?
C. Does the teacher ever physically express affection for the children?
D. Are concern and understanding expressed for the overly-aggressive child? Tell about it.
E. Are there any "loners" among the children? Who? Can you explain their behavior? Do you notice any adult interaction with these children?
F. Look for positive guidance techniques which are used.
G. How are transition times handled?

1. Is there an advance notice given?
2. Were the children lined up or did they move naturally under supervision?
3. How were the slower children handled?

IV. Health Care Learning Center

A. What learning centers are available?
B. Is there a health care center?
C. Is it arranged as a distinct learning center within the environment?
D. Is it together or separate from similar areas?
E. Are there materials available for experiences in the health care center?
F. Is the center arranged to allow the child to explore independently?
G. Is the center attractive and inviting?
H. Is there anything in it that could serve to stimulate curiosity?
I. Are there currently health care experiences for self-selected activities?
J. Are there currently-planned health care experiences for group activities?
K. List all the equipment that you see in the health care center. Are many children attracted to it? Can you suggest any additions or improvements?

V. Physical Setting

A. Draw a diagram of the room, locating all learning centers. Specifically note the placement of the health care center.

B. What changes could be made in the room to improve the physical arrangement and utilization of the health care center? Be specific.

ACTIVITY FILE CARDS

Develop at least five (5) activities for children in health. Use the uniform activity file card developed by the CDA program for writing up your activities.

(Reduced Sample Card)

Curriculum Area
(Topic)

Teacher Goal:

Objective(s):

Materials:

Procedures:

Evaluation:

TO BE TURNED IN:

Duplicates of the five activity cards, after the activities have been presented.

CONSTRUCTION OF VISUAL AIDS

A. Instructions

1. Construct a visual aid for health care.

2. The visual aid will be used for teaching a concept from one of the activity file cards that you developed for Learning Activity #5.

B. Evaluation

After your visual aid has been used, evaluate it according to the following:

a. Effectiveness in teaching the stated goal and concepts for the content area, according to your activity file cards.

b. Attractiveness, durability, originality.

TO BE TURNED IN:

1. A neatly-written description and sketch of the visual aid.

2. A neatly-written description of your evaluation of the visual aid.

COMMUNITY VISITOR - HEALTH CARE

Invite a person in a health care profession from your community to come to your center to talk about or teach some aspect of health care. This person could be a nurse, dentist, doctor, etc.

EVALUATION:

After the person has talked to your class, evaluate the effectiveness of the presentation according to the following:

1. Did the theme of the health care professional's visit fit into your program for the week?

2. Did you prepare the children well enough beforehand so that they benefitted from the visit?

3. Did you prepare the professional for the visit so that he/she was able to communicate well with the children?

4. Give an example of one child's behavior which showed that he/she learned something from the guest.

5. Could you have done anything differently in preparing for your guest that would have made the visit more effective for the children?

6. What follow-up activities have you done to reinforce the principles or concepts presented by the visitor?

TO BE TURNED IN:

A written evaluation of the visit of a health care professional to your classroom, which includes items 1 through 6 of Evaluation, plus any other important information.

PLANNING AND CONDUCTING A FIELD TRIP FOR YOUNG CHILDREN

All students are to plan and conduct a field trip for the various groups of preschool children by completing the following steps:

A. Select and plan a field trip appropriate for your group of preschool children, according to the criteria given for their learning of health care concepts.

B. Write a report, in outline form, describing what you did for each step.

C. Fill out the safety checklist (attached).

D. Discuss, in a short paragraph, how your planning for the trip could have been improved.

TO BE TURNED IN:

1. A report, in outline form, on a field trip which you actually conducted with your children.

2. A short paragraph describing how your planning could have been improved.

3. Safety checklist.

HOW TO PLAN A FIELD TRIP

1. Decide on the purpose of the field trip (in this case, the children's learning of health care concepts), and decide whether this is the best way for achieving your learning goal. Among the general questions to ask yourself in regard to a field trip are the following:

   a. Is the length of time required appropriate for the age of the children? Will their routines of eating and sleeping be disturbed? Will they become overtired?

   b. Are the learning experiences to be gained appropriate for the age of the children?

   c. Is this an experience that the children have already had with their parents?

   d. Is the security of any child going to be threatened by leaving school with a stranger who might be helping with the field trip?

2. When a field trip is decided upon as an effective way for helping the children learn certain concepts or gain specific understandings, then list and clarify the objectives for the trip.

3. Select appropriate destination.

4. Obtain administrative approval. Investigate and observe school policies.

5. Contact the place to be visited. Get the name of your contact and discuss the following:

   a. Date
   b. Time of arrival
   c. Duration of trip
   d. Size of group (number of children and adults)
   e. Purpose of trip

6. Make a preliminary visit to gain a better understanding of what the location has to offer. Checklist for preliminary trip:

   a. Anticipate safety hazards
   b. Outline itinerary
   c. Obtain available materials (brochures, literature or pictures)
   d. Determine whether the site fulfills the purposes of the trip
   e. Make detailed plans

7. Confirm the trip by letter or telephone.

8. Obtain written permission from parents. Use forms which state that you will take every reasonable precaution to safeguard the child, but should any unavoidable accident occur, the parent will not hold you or the center responsible. Also, include the following information in "A letter to the parents":

   a. Date
   b. Time
   c. Destination
   d. Means of transportation
   e. The need for money, snack or sack lunch
   f. Appropriate clothing

9. Plan with the children. Tell them beforehand about the trip. This depends on the age of the children and how "big" or important the trip is. Yet never announce it more than two (2) weeks ahead, even for five-year-olds. Stimulate their curiosity by asking open-ended questions, showing appropriate pictures, posters or objects. Draw out questions from them on what they would like to find out. If you use a calendar with the children, let them mark it to indicate the day of the trip. Every day let the children count up to see how many more days until the trip.

10. Arrange transportation. If private cars are used, be sure that the parents have adequate liability insurance. Arrange to have two adults in each car, with one in the back seat. If the children are walking, the number of adults will vary according to the children's ages--with three-year-olds, one adult to two children; with four- and five-year-olds, one adult to four children.

11. Plan again with the children before departure. Use the following checklist:

    a. Dress (button-up, shoes tied)
    b. Name tags (if used)
    c. Behavior on bus or in cars
    d. Courtesy while there
    e. Safety rules
    f. Everyone go to the bathroom

12. After the trip:

    a. Make sure parents sign volunteer sheet.
    b. Talk about the trip with the children.
    c. Plan and execute follow-up activities.
    d. Make your own evaluation of the trip.

        1. Were questions (formulated before the trip) answered?
        2. Were there other questions that could have been asked, but were not?
        3. Did the trip meet your objectives?

    e. Write thank-you letter to the host.

SAFETY CHECKLIST FOR TEACHERS PLANNING AN EXCURSION

		YES	NO
1.	Did you plan the trip carefully with the class and with all adults accompanying the children?	____	____
2.	Did you make arrangements for the children to get to their homes safely if the trip should extend longer than planned?	____	____
3.	Are the drivers licensed, competent and insured? Are the vehicles in good condition and insured?	____	____
4.	Did you instruct the children about their conduct in a vehicle? (No moving around once vehicle starts, no hands or arms out windows, no throwing things out windows, remaining in seats.)	____	____
5.	Do children have proper means of identification? (Badge, ribbon, I.D. card, buddy system, group leader, patrols.)	____	____
6.	Do you plan a roll call at various times during the trip?	____	____
7.	Do you have enough adults to supervise the group?	____	____
8.	Do you have a first aid kit with you, and a person trained in administering first aid?	____	____
9.	Did you double check to make sure all pupils going on the trip have signed permission slips on file?	____	____
10.	Did you inform your children to dress for the occasion and for the weather?	____	____
11.	Will there be sufficient time to make the return trip during normal attendance time?	____	____

		YES	NO
12.	Did you make it clear to the group ahead of time that if anyone should be separated from the group, all should meet at a certain time and at a designated place?	____	____
13.	Have you made it clear that you will not permit undesirable behavior during the trip?	____	____
14.	Do you know what to do in event of accident or illness while on the trip?	____	____
15.	Have you checked loading and unloading areas?	____	____
16.	Has special provision been made for handicapped pupils?	____	____
17.	Have pupils made a code of safety for use on field trips?	____	____
18.	Have you planned an evaluation of the trip from the standpoint of safety?	____	____

MEETING INDIVIDUAL NEEDS THROUGH HEALTH

Health activities have many purposes. It is the teacher's responsibility to develop and make available a variety of creative experiences to meet individual needs of children.

On the attached form, list the type activity, the need to be met, and the reason for selecting the activity for each type of child.

TO BE TURNED IN:

Your completed form.

Type Child	Activity	Need Met	Reason
Meticulous (concerned with staying clean)			
Withdrawn			
Non-Verbal			
Aggressive, Over-Active			
Skilled in Fine Motor Development			
Skilled in Large Motor Development			
Unskilled in Fine Motor Development			
Unskilled in Large Motor Development			

VALUES OF ACTIVITIES

Evaluate the five activities you completed in Learning Activity #5 according to the attached form.

TO BE TURNED IN:

Five completed forms on the activities.

VALUES OF ACTIVITIES

Activity Observed_____

1. Of what value was this experience for the total development of the child? CHECK ONLY THOSE VALUES THAT THIS ACTIVITY WOULD PROVIDE FOR THE CHILD.

a.	Sensory experience	_____
b.	Exploration	_____
c.	Satisfaction and enjoyment	_____
d.	Self-expression	_____
e.	Manipulation	_____
f.	Emotional release	_____
g.	Exercise imagination and initiative	_____
h.	Good work habits	_____
i.	Learning experience	_____
j.	Skill and concentration	_____
k.	Eye-hand coordination	_____
l.	Harmony, rhythm and balance	_____
m.	Insight into own feelings	_____
n.	Development of large muscles	_____
o.	Development of small muscles	_____

2. Can you think of any other values that this activity could provide for young children? Please list.

3. For what age level do you think this activity is most appropriate? Why?

4. What variations of this activity could you use in your classroom? Please describe two.

   a.

   b.

EVALUATION OF

HEALTH ACTIVITIES IN THE PROGRAM

Visit a child development or day care center and observe its activities relating to health care. Evaluate what you observed according to the questions on the attached form.

TO BE TURNED IN:

Your completed form.

HEALTH ACTIVITIES IN THE PROGRAM

EVALUATION

1. Did the health activities fit into the daily schedule in terms of active and quiet periods?

2. Did the activities involve the entire class, two or three small groups, one small group, or individual children only?

3. Were the children motivated? That is, did the teacher arouse their interest first?

4. Did each activity appear to be suitable to the developmental level of each child?

5. Did the teacher give needed help (as with how to handle tools), or enough structure to the activity, but not to the extent of unduly restricting creative expression?

6. Did the teacher use any direct guidance? Was it verbal or physical?

7. Did the teacher use any reinforcement techniques? Give exact quote.

8. Did the children appear to enjoy the activity?

9. Were they being creative? What evidence was there?

10. Were the children given an opportunity for exploration with the health medium?

11. Did the children appear to be getting satisfaction and enjoyment from this activity?

12. What other benefits can you name from this learning activity?

STORIES FOR HEALTH

Select three children's stories which contain health care concepts. Read these stories to your class and evaluate each one according to the following evaluation form.

TO BE TURNED IN:

Your completed evaluation forms.

EVALUATION

CHILDREN'S BOOKS

TITLE:
AUTHOR:
CONCEPT:

	Fair	Good	Excellent
Was it interesting?			
Was its length appropriate (5 to 15 min.)?			
Were the pictures simple and appealing?			
How well did it teach the concept?			

Your comments:

HEALTH SURVEY OF THE PRESCHOOL ENVIRONMENT

Take a survey of the physical facilities of the preschool where you work. Evaluate your center for good health and sanitation practices which are necessary for maintaining a healthful environment.

Specific areas to evaluate include: (1) rest equipment, (2) eating equipment, (3) drinking equipment, (4) room temperature, (5) ventilation, (6) lighting, (7) play equipment, (8) bathroom facilities, (9) the food preparation area, and (10) any other areas relevant to your situation that you choose.

To complete this assignment, do the following:

1. Name the area to be evaluated (required ones are already listed on the form).

2. Describe the condition of that area.

3. State the person responsible for any changes in the condition of the area: director, teacher, janitor, etc.

4. Give the date on which any changes needed in the condition of an area were made.

TO BE TURNED IN:

The completed form for the assignment which is found on the attached page.

HEALTH SURVEY OF THE PRESCHOOL ENVIRONMENT

Name_____ Center_____

Center Area	Condition of Area	Position of Person Responsible for Area	Date Needed Change Made
1. Rest Equipment			
2. Eating Equipment			
3. Drinking Equipment			
4. Temperature			
5. Ventilation			
6. Lighting			
7. Play Equipment			
8. Bathroom Facilities			
9. Food Preparation Area			
10. Other (List)			

HEALTH RECORDS SURVEY

Examine the various health records that you have on file for each child in your center. Compare the completeness of your record system with the sample records given in Chapter IV. It is recommended that the following types of records be on file for each child:

1. Evergency Information Record
2. Health Record
3. Immunization Record
4. Developmental Record

To complete this assignment, do the following:

1. Check to see whether each type of needed record is on file for each child in your center. There should be at least the four listed types.
2. Compare the health record on file in your center with the sample: "Infant and Preschool Health Record," given in Chapter IV. Discuss which you think is the better health record and tell why.

TO BE TURNED IN:

1. A list of the types of records on file for each child in your center.
2. A written discussion comparing the health record used by your center with the sample health record, "Infant and Preschool Health Record."

DAILY HEALTH CHECK

Develop a daily health check system to be sure that the children are all informally inspected as they enter your center for the day. To complete this assignment, do the following:

1. Tell when, where, and how the daily health check occurs.

2. Name the position of the person responsible for daily health checks of the children in your room or center.

3. Make up a daily health check chart for use in your center which gives the symptoms to look for which could indicate illness or poor health habits.

TO BE TURNED IN:

1. The daily health check chart which you developed.

2. The position of the person responsible for daily health checks in your center.

3. A written description of when, where, and how daily health checks are made in your center.

CHAPTER IX

SUPPLEMENTAL MATERIALS

HEALTH FOR YOUNG CHILDREN

SUPPLEMENTAL MATERIALS

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Palo Alto, California: Behavioral Research Laboratories, 1972.

11. Igel, B. Haller.
Personal Health.
Palo Alto, California: Behavioral Research Laboratories, 1972.

12. Igel, B. Haller.
Prevention of Communicable Disease.
Palo Alto, California: Behavioral Research Laboratories, 1972.

13. Leeper, Sarah, et al.
Good Schools for Young Children.
New York: Macmillan and Company, 1974.

14. Standards for Day Care Centers and Family Day Care Homes.
Oklahoma City: Department of Institutions, Social and Rehabilitative Services, 1971.

15. Throop, Sara.
Health and Safety for the Young Child.
Belmont, California: Fearon Publishers, Inc., 1974.

16. Todd, Vivian E. and Helen Heffernan.
The Years Before School.
New York: Macmillan and Company, 1970.

17. VanOsdol, William and Don Shane.
An Introduction to Exceptional Children.
Dubuque, Iowa: William C. Brown Company, 1975.

18. Vaughan, Gerard.
A Pictorial Guide to Common Childhood Illnesses.
New York: St. Martin's Press, Inc., 1970.

19. Wheatley, G. M. and G. T. Hallock.
Health Observation of School Children.
New York: McGraw-Hill, 1965.

PAMPHLETS: MAJOR SOURCES

American Association for Health, Physical Education and Recreation
1201 16th Street N. W.
Washington, D. C. 20036

1. Your Child's Health and Fitness.
   Hein, Fred.
   $ .10

American Dental Association
Bureau of Dental Health Education
211 East Chicago Avenue
Chicago, Illinois 60611

2. Happiness is a Healthy Mouth.
   $ .85

3. I'm Going to the Dentist.
   $2.05

American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

4. Your Baby's Eyes.
   Being, Lois.
   Free

Association for Childhood Education International
3615 Wisconsin Avenue N. W.
Washington, D. C. 20016

5. Physical Education for Children's Healthful Living.
   $1.50

Children's Bureau Publications
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

6. The Care of Your Children's Teeth.
   $ .15

7. Immunity - Protection Against Disease.
   $ .20

Children's Hospital Medical Center
300 Longwood Avenue
Boston, Massachusetts 02115

8. What to do About Children's Colds and Sore Throats.
   Barnett, Elizabeth.
   $ .35

Metropolitan Life
One Madison Avenue
New York, New York 10010

9. Memo to Parents About Your Child's Eyesight.
   Free

10. Memo to Parents About Your Child's Sleep.
    Free

National Education Association
1201 16th Street N. W.
Washington, D. C. 20036

11. What Every Parent Should Know About Health Education.
    $1.50

New American Library
1301 Avenue of the Americas
New York, New York 10019

12. Mother's Medical Encyclopedia.
Pomeranz, Virginia, M. D., et al.
$1.50

Public Affairs Committee, Inc.
381 Park Avenue South
New York, New York 10016

13. When Your Child is Sick.
Seaver, Jacqueline.
$ .50

Regents Publishing Company
1 West 39th Street
New York, New York

14. Spanish-English and English-Spanish Medical Guide.
Hirschhorn, Howard.
$1.00

Ross Laboratories
Columbus, Ohio 43216

15. Developing Toilet Habits.
$ .20

Texas State Commission for the Blind
4800 North Lamar Boulevard
Austin, Texas 78756

16. Your Child Goes to the Hospital.
Free

Warner Paperback Library
75 Rockefeller Plaza
New York, New York 10019

17. When Your Child is Ill: A Guide to Infectious Diseases in Childhood.
Karalitz, Samuel, M. D.
$1.75

PERIODICALS

1. American Academy of Pediatrics.
   Report of the Committee on Infectious Diseases, 18th edition, 1973.
   Source: American Academy of Pediatrics
   P. O. Box 1034
   Evanston, Illinois 60204

2. American Dental Association.
   "Dentistry in National Health Programs: A Report With Recommendations."
   Journal of the American Dental Association, 83 (Sept., 1973), pp. 569 - 600.

3. Bell, J. E. and Elizabeth A. Bell.
   "Family Participation in Hospital Care for Children."
   Children, 17:4 (1970), pp. 154 - 157.

4. Brooks, Mary M.
   "Play for Hospitalized Children."
   Young Children, 24:4 (1969), pp. 219 - 224.

5. Hunter, Gertrude T.
   "Health Care Through Head Start."
   Children, 17:4 (1970), pp. 149 - 153.

6. Miller, T. P.
   "The Hospital and the Preschool Child."
   Children, 17:5 (1970), pp. 171 - 176.

7. Nolti, Ann E., et al.
   "Health Values for Young Children."
   Instructor, 81:1 (1971), pp. 47 - 54.

8. Wallace, Helen M.
   "Some Thoughts on Planning Health Care for Children and Youth."
   Children, 18:8 (1971), pp. 95 - 100.

AUDIO-VISUAL RESOURCES

FILMS

Oklahoma State Department of Health — Free on loan
Film Library
N. E. 10th and Stonewall
Oklahoma City, Oklahoma 73105

1. The Beaver's Tale.
   Color, 5 minutes.
   Animated film to prepare young children for their first trip to the dentist.

2. Betty Sees a Bird.
   B/W, 22 minutes.
   Describes damage which occurs when visual defects in preschool children are not corrected; referral and follow-up procedures are described.

3. Crossroads at Four.
   Color, 15 minutes.
   Focuses on amblyopia--dimness of vision due to disuse of the eye without apparent eye disease.

4. Defense Against Invasion.
   Color, 12 minutes.
   A Walt Disney production explaining vaccination.

5. The Defense Must Not Rest.
   Color, 14 minutes.
   Gives a vivid description of the battle against disease in America, including whooping cough, typhoid, smallpox and cholera, from settlement to the present time, and the research that led to protective vaccines.

6. Dottie and Her Dad.
   Color, 5 minutes.
   Humorous cartoon picturing Dottie learning to brush her teeth.

7. Dottie and Her Dentist.
Color, 5 minutes.
Animated film in which Dottie learns proper dental care and habits from her dentist.

8. Fair Chance for Tommy.
B/W, 11 minutes.
Takes us through a typical school day with Tommy, a partially-seeing child; shows specialized equipment and materials used.

9. Healthy Families.
Color, 11 minutes.
Geared to the young child. Stresses basic good health practices. A zoo doctor tells how animals are kept healthy.

10. Hear Better: Healthy Ears.
B/W, 10 minutes.
Geared to young children. Animated sequence shows the structure of the ear and the pleasure of hearing well.

11. Hookworm.
Color, 10 minutes.
Animated study of the hookworm; its entry, effect on the infested person, and its control.

12. The Infectious Diarrheas.
Color, 15 minutes.
Geared to adults. Discusses the overall problems involved in the control of some enteric diseases.

13. Johnny's New World.
Color, 16 minutes.
Several common childhood visual defects are explained; shows how the teacher and parents brought proper care to Johnny.

14. Science Fights Tooth Decay.
B/W, 13 minutes.
Shows how a widespread chromic disease is being fought and conquered.

15. A Smile is to Keep.
Color, 14 minutes.
A portrayal of a three-year-old girl's first visit to a dentist. Explains to parents and children the importance of early and continuing dental care.

16. Spot Prevention.
Color, 13 minutes.
Geared to the young child. Animated film promotes measles immunization.

17. You and Your Ears.
Color, 18 minutes.
Animated film shows the complex structure of the ear and basic rules to follow to keep it in good working order.

18. Your Friend, the Doctor.
B/W, 11 minutes.
Directed to young children to help them understand the functions of a doctor.

19. Your Health in the Community.
B/W, 11 minutes.
Stresses the importance of services of a public health department and other departments in maintaining and improving community health.

New York University Film Library
26 Washington Place
New York, New York 10003

20. Getting Ready for the Dentist. Rental: $7.00
B/W, 11 minutes.
Shows how dramatic play helps prepare the child for a real-life situation.

FILMSTRIP

Parents' Magazine Films, Inc.
52 Vanderbilt Avenue
New York, New York 10017

1. Health and Safety. Series Price: $58.00
   Set of five color filmstrips and cassettes.
   This set presents an overview of how to care for a child's health, how to guard against illness and accident and how to treat common symptoms of childhood sickness and injury.

CHILDREN'S BOOKS

1. Berger, Knute, et al.
   A Visit to the Doctor.
   New York: Grossett and Dunlap, 1957.

2. Brown, Myra.
   Casey's Sore Throat.
   New York: Franklin Watts, Inc., 1964.

3. Chase, Francine.
   A Visit to the Hospital.
   New York: Grossett and Dunlap, 1957.

4. Collier, James L.
   Danny Goes to the Hospital.
   New York: W. W. Norton and Company, 1970.

5. Garn, Bernard.
   A Visit to the Dentist.
   New York: Grossett and Dunlap, 1959.

6. Hayes, Olive.
   The True Book of Health.
   Chicago: Children's Press, 1954.

7. Paullin, Ellen.
   No More Tonsils!
   Boston: Beacon Press, 1958.

8. Rey, M.
   Curious George Goes to the Hospital.
   Boston: Houghton Mifflin Company, 1966.

9. Shay, Arthur.
   What Happens When You go to the Hospital.
   Chicago: Reilly and Lee, 1969.

10. Showers, Paul.
How Many Teeth?
New York: Thomas Y. Crowell, 1962.

11. Showers, Paul.
Look at Your Eyes.
New York: Thomas Y. Crowell, 1962.

12. Showers, Paul.
Look at Your Teeth.
New York: Thomas Y. Crowell, 1962.

13. Tamburine, Jean.
I Think I Will go to the Hospital.
New York: Abingdon Press, 1965.

RESOURCE ORGANIZATIONS

1. American Academy of Pediatrics
   1081 Hinman Avenue
   Evanston, Illinois 60204

2. American Humane Association, Children's Division
   P. O. Box 1266
   Denver, Colorado 80201
   (A national organization that will refer you to local affiliated services.)

3. The American Speech and Hearing Association
   9030 Old Georgetown Road
   Washington, D. C. 20014
   301/530-3400

4. Association for Childhood Education International
   3615 Wisconsin Avenue N. W.
   Washington, D. C. 20016
   (Publishes Childhood Education)

5. Children's Bureau
   U. S. Department of Health, Education and Welfare
   330 Independence Avenue S. W.
   Washington, D. C. 20201

6. Child Study Association of America, Inc.
   9 East 89th Street
   New York, New York 10028

7. Child Welfare League of America, Inc.
   67 Irving Place
   New York, New York 10000
   212/254-7410

8. The Council for Exceptional Children
   1411 South Jefferson Davis Highway
   Arlington, Virginia 22202
   703/521-8820

9. Day Care and Child Development Council of America, Inc.
   1401 K Street N. W.
   Washington, D. C. 20005

10. Family Service Association of America (Mental Health Problems)
    44 East 23rd Street
    New York, New York 10010
    212/674-6100

11. Information Retrieval Center on the Disadvantaged
    Yeshiva University
    55 Fifth Avenue
    New York, New York 10003

12. The National Association for Mental Health, Inc.
    Box 610
    Lawrence, Kansas 66044
    913/842-1909

13. National Association for the Education of Young Children
    1834 Connecticut Avenue N. W.
    Washington, D. C. 20009
    (Publishes Young Children)

14. National Association of Hearing and Speech Agencies
919 18th Street N. W.
Washington, D. C. 20014
202/295-3844

15. National Education Association
1201 16th Street N. W.
Washington, D. C. 20036

16. The National Foundation March of Dimes
P. O. Box 2000
White Plains, New York 10602
914/428-7100

17. Office of Child Development
U. S. Department of Health, Education and Welfare
P. O. Box 1182
Washington, D. C. 20013
(Publishes Children Today)

18. Office of Education
Bureau of Education for the Handicapped
Seventh and D Streets S. W.
Washington, D. C. 20202

19. Public Affairs Committee
318 Park Avenue South
New York, New York 10016